

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031507

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1234

FILED SEP 3 1963

|   |                           |   |                             |
|---|---------------------------|---|-----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Butler   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Butler                                 |                             |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Poplar Bluff   |                           | Length of stay in 1b<br>few months  |                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Lucy Lee Hospital  |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                             |
| d. STREET ADDRESS<br>805 Benton St.   |                           | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>FRANCINE GAIL WALTON   |                           | 4. DATE OF DEATH<br>Month Day Year<br>August 10, 1963   |                             |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>Negro | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>8/10/63 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>CHILD  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |                             |
| 11. BIRTHPLACE (City and state or country)<br>Boston, Mass.   |                           | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.   |                             |
| 13a. FATHER'S NAME<br>Luther Walton   |                           | 13b. MOTHER'S MAIDEN NAME<br>Jewell Martin  |                             |
| 14. NAME OF HUSBAND OR WIFE<br>Never Married.   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |                             |
| 16. SOCIAL SECURITY NO.<br>[REDACTED]   |                           | 17. INFORMANT<br>Jewell Walton, Poplar Bluff, Mo.   |                             |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)<br>Crush injuries, left chest. Fracture, left clavicle. Multiple rib fractures. Hemothorax. |                           | INTERVAL BETWEEN ONSET AND DEATH<br>D.O.A.  |                             |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |                           | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                           |                             |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                             |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                           | 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year  |                             |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                             |
| 20f. CITY, TOWN, OR LOCATION<br>Poplar Bluff, Mo.   |                           | COUNTY STATE  |                             |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at 2:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.     |                           | 22a. SIGNATURE<br>(Degree or title)<br>M. D. Poplar Bluff, Mo.  |                             |
| 22b. ADDRESS<br>Poplar Bluff, Missouri.   |                           | 22c. DATE SIGNED<br>8-17-63   |                             |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 23b. DATE<br>8/13/63  |                             |
| 23c. NAME OF CEMETERY OR CREMATORY<br>City  |                           | 23d. LOCATION (City, town, or county)<br>Poplar Bluff, Missouri.  |                             |
| 24. FUNERAL DIRECTOR<br>Frank-Cotrell Chapel, Poplar Bluff, Mo.   |                           | 25. DATE RECD. BY LOCAL REG.<br>8/27/1963   |                             |
| 26. REGISTRAR'S SIGNATURE<br>Thelma Graham  |                           |   |                             |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300  
Rev. 4/59  
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2/128  
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SEP 4 - 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*E. Scott Gathell*

Licensed Embalmer No.

5214

P. O. Address

Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.